	FILED
	AUG 4 2008
	BICHARD W. WIEKING
3	CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
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8	NORTHERN DISTRICT OF CALIFORNIA
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10	Bloodsaw Theopric Plaintiff, Plaintiff, et al.  Stevenson R. PRISONER'S APPLICATION TO PROCEED IN FORMA PAUPERIS
11	Plaintiff, CASE NO.
12	VS. PRISONER'S
13	Stevenson K.  APPLICATION TO PROCEED IN FORMA PAUPERIS
14	Defendant.
15	0/1/
16	I, Bloods AW /., declare, under penalty of perjury that I am the plaintiff in
17	the above entitled case and that the information I offer throughout this application is true and correct.
18	I offer this application in support of my request to proceed without being required to prepay the full
19	amount of fees, costs or give security. I state that because of my poverty I am unable to pay the
20	costs of this action or give security, and that I believe that I am entitled to relief.
21	In support of this application, I provide the following information:
22	1. Are you presently employed? Yes No
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the name
24	and address of your employer:
25	Gross: Net:
26	Employer:
27	
28	If the answer is "no," state the date of last employment and the amount of the gross and net salary
	great and buildy

	and wages per month which you received. (If you are imprisoned, specify the last place of							
	employment prior to imprisonment.)							
	In the year of 2000 at San Quentin State							
:	less and disable (ADA)							
(	2. Have you received, within the past twelve (12) months, any money from any of the following							
•	7 sources:							
8	a. Business, Profession or Yes No							
9	self employment							
10	b. Income from stocks, bonds, Yes No							
11	or royalties?							
12	c. Rent payments?							
13	d. Pensions, annuities, or Yes No							
14	life insurance payments?							
15	e. Federal or State welfare payments, Yes No							
16	Social Security or other govern-							
17	ment source?							
18	If the answer is "yes" to any of the above, describe each source of money and state the amount							
19	received from each.							
20	\$13.00 from my Aunt on 1-14-08 serial No.							
21	2004 19669335							
22	3. Are you married? Yes No							
23	Spouse's Full Name:							
24	Spouse's Place of Employment:							
25	Spouse's Monthly Salary, Wages or Income:							
26	Gross \$ Net \$							
27	4. a. List amount you contribute to your spouse's support:\$							
28	b. List the persons other than your spouse who are dependent upon you for support							
j								

	and indicate how much you contribute toward their support. (NOTE: For minor
	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).
	3 WA
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;	5. Do you own or are you buying a home? Yes No
(	Estimated Market Value: \$ Amount of Mortgage: \$
7	6. Do you own an automobile? Yes No
8	· · · · · · · · · · · · · · · · · · ·
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10	Monthly Payment: \$
11	7. Do you have a bank account? Yes No (Do <u>not</u> include account numbers.)
12	
13	
14	Present balance(s): \$
15	Do you own any cash? Yes No Amount: \$
16	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
17	market value.) Yes No
18	
19	8. What are your monthly expenses?
20	Rent: \$ Utilities:
21	Food: \$
22	Charge Accounts:
23	Name of Account Monthly Payment Total Owed on This Acct.
24	<b></b> \$ \$
25	<u> </u>
26	\$ \$ \$
27	9. Do you have any other debts? (List current obligations, indicating amounts and to whom
28	they are payable. Do not include account numbers.)
	DI FORMA SAMERA

1	_N/A
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3	10. Does the complaint which you are seeking to file raise claims that have been presented in
4	other lawsuits? Yes No
5	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which
6	they were filed.
7	CV-20505-JF-530; CV-00752-JF-550
. 8	
9	I consent to prison officials withdrawing from my trust account and paying to the court the
10	initial partial filing fee and all installment payments required by the court.
11	I declare under the penalty of perjury that the foregoing is true and correct and understand
12	that a false statement herein may result in the dismissal of my claims.
13	
14	7-7-08 T. Bloodsow
15	DATE SIGNATURE OF APPLICANT
16	•
17	

Case	Number	:

### **CERTIFICATION OF FUNDS**

IN

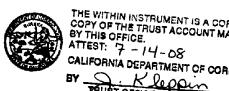
#### PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of <u>Theopric Kent Bloodsaw P20045</u> for the last six months at <u>Pelican Bay State Prison</u> where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$0.98 and the average balance in the prisoner's account each month for the most recent 6-month period was \$0.98. (20% = \$0.20)

Dated: 7/14/08

Authorized officer of the institution



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REPORT ID: 03393908-c√03724-JF Document 2 Filed 08/04/2008 Page 100 14/08

PAGE NO:

PELICAN BAY STATE PRISON INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 14, 2008

ACCT: P20045

ACCT NAME: BLOODSAW, THEOPRIC KENT

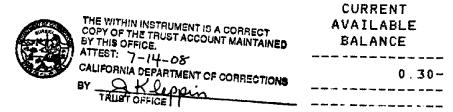
ACCT TYPE: I

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*

\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

#### TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS Balance	TRANSACTIONS TO BE POSTED
0.00	5.85	5.85	0.00	0.30	0.00



REPORT ID: TS3030:08-CV-03724-JF Document 2 Filed 08/04/2008 Page For T DATE: 07/14/08

CALIFORNIA DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 14, 2008

ACCOUNT NUMBER : P20045

ACCOUNT NAME : BLOODSAW, THEOPRIC KENT

BED/CELL NUMBER: BF08L 000000113L

ACCOUNT TYPE: I

PRIVILEGE GROUP: C

TRUST ACCOUNT ACTIVITY

TRAN		111001	MCCOOM! MC!	1 1 1 1 1		
DATE CODE		COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/01/2008		ALANCE				0.00
01/15 W516 01/17 W512 01/17 W512 01/22 W513 01/31 W919 01/31 W215 01/31 W212	CASH DEPOSIT LEGAL COPY CH LEGAL POSTAGE LEGAL POSTAGE MISC. CHARGES REVERSE LEGAL FEDERAL FILIN FEDERAL FILIN FEDERAL FILIN	3049 3049 3121 3295/3049 3295 1/14 3295 1/14		5.85	1.90 0.20 1.31 0.20 1.27- 1.17 1.17	5.85 3.95 3.75 2.44 2.24 3.51 2.34 1.17 0.00

## CURRENT HOLDS IN EFFECT

DATE	HOLD	TOWNERS STORED IN EFFECT				
PLACED	CODE	DESCRIPTION	COMMENT	HOLD AMOUNT		
02/05/222				HOLD MHOUNT		
02/05/2008	05/2008 H116	FEDERAL FILING FEE HOLD	3408 INI	0.30		

# \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/13/02

COUNTY CODE: LA

CASE NUMBER: YA053506

FINE AMOUNT: \$ 250.00

DATE TRANS. DESCRIPTION TRANS. AMT. BALANCE

01/01/2008 BEGINNING BALANCE 240.00

01/14/08 DR30 REST DED-CASH DEPOSIT 6.50- 233.50



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

ATTEST: 7-14-08

CALIFORNIA DEPARTMENT OF CORRECTIONS